Community Mental Health Partnership of Southeast Michigan

EBI Prevention Program Assessment & Fidelity Form

**Instructions for completion of the EBI assessment form:**

Please complete this form for FY 2019-20 for each funded Evidence-Based Intervention (EBI). Please submit this form based on the EBIs your agency has implemented during the FY ending 9/30/2020.This form will also be used to report fidelity measures related to program implementation at 6-month and year end intervals. Please answer the questions below for each program requesting WCHO funding. **Please indicate the submission type this document represents by placing an “x” in the appropriate box in the “Submission Type” table below**.

|  |  |
| --- | --- |
| **General Information Table** | |
| Name of Program/EBI |  |
| Name of Service Provider/Implementer |  |
| Primary /Community Served |  |
| Today’s Date |  |
| Date Program Implementation Begins |  |
|  | |

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| --- | --- |
| **Submission Type** | |
| Initial Submission |  |
| 6-Month Update |  |
| Year-End Update |  |
|  | |

*AA*

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| **EBI/Program Specifics** | |
| What is the focus of the program? (Specify drug or risk/protective factor(s), etc.) |  |
| What is/will be the **duration** of the program? |  |
| Please briefly describe the program. |  |
| What **domain(s)** does the program target? | Individual/peer Other \_\_\_\_\_\_\_\_\_\_\_\_  Family Other \_\_\_\_\_\_\_\_\_\_\_\_  School Other \_\_\_\_\_\_\_\_\_\_\_\_  Community If other, please explain. |
| Which agency has endorsed the program? Check all that apply. | NIDA DOE OJJDP CDC  CSAP Drug Strategies  Western CAPT DHS/BSAP Guidelines  *If not from this list, what research supports the program? (Please list)* SAMHSA, NREPP |
| What are the **goals** of the program? (Check all that apply & list other goals as appropriate) | Individual change (increased knowledge, skills)  Change in risk/protective factor(s)  Change in alcohol, tobacco, or other drug (ATOD) use  Change in policy |
| **Program Implementation Questions** | |
| What methods of implementation does the program use? (I.e. small group, classroom, policy development) |  |
| **Where** (geographically) will the program be delivered? |  |
| What are the **skills and expertise** of the people who will be delivering the program? (I.e. training and/or certification requirements including MCBAP) |  |
| In what kinds of **facilities** will the program be delivered? |  |
| **Program Funding Questions** | |
| How much does it cost to implement this specific evidenced-based intervention? |  |
| **Program Evaluation Questions** | |
| Do you utilize the evaluation tools/methods as recommended by the model? | YES  NO |
| What specific outcome data are you collecting? |  |
|  |  |
|  | |

**Evidence Based Intervention Fidelity Assessment Questions**

**Instructions for Completion of Fidelity Questions:** Initial completion of the fidelity questions will involve completing the questions listed in first column (left) of the “Fidelity Question Table” below. Additionally, the CMHPSM will require submissions at 6-months (March/April) and year-end (October) that should indicate any deviations made from the original design of the program that were not identified prior to implementation of the program.

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| --- | --- | --- |
| **FIDELITY QUESTION TABLE** | | |
| **Original Design and Planned Deviations from this design**  ***[Note: the Original Design should be based on research or the program developer’s instructions]*** | **6 Month Fidelity Update** | **Year-End Fidelity Update** |
| **Program Intensity Issues** | | |
| Are you following the original program design? Do you include all program essentials?  Planned deviations?  YES  NO  N/A  If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain |
| How **long** are the sessions meant to be in the original program design?  Planned deviations?  YES  NO  N/A  If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain |
| What **topics** are meant to be covered in the original program design?  Planned deviations?  YES  NO  N/A  If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain |
| **Program Content Issues** | | |
| Does the original program design specify **materials or handouts** that should be used?  Planned deviations?  YES  NO  N/A  If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain |
| Does the original program design specify a **number of participants** that is appropriate for the program? (E.g. a maximum number of students per classroom/members per group session, categorical representation of coalition members)  Planned deviations?  YES  NO  N/A If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain |
| **Implementer Issues** | | |
| Does the original program design specify who should **deliver** the program? (E.g. type of instructors, provider, staff, and/or volunteers?  What types of training and/or credentials are required?  Planned deviations?  YES  NO  N/A  If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain | Deviations?  YES  NO  N/A  If “yes”, please explain |
| **Other Issues** | | |
| Please comment on any issues related to **cultural competence** that have not been addressed earlier (E.g. Do program documents provide any guidelines or recommendations regarding cultural competence?  ***Comments prior to program Implementation:*** | ***Comments at 6-months regarding implementation experiences:*** | ***Comments at year-end regarding implementation experiences:*** |
| Please note any **anticipated barriers (prior to start of program) to implementation** of the program that were not described earlier. | ***Barriers identified at 6-months:*** | ***Barriers identified at year-end:*** |
| The setting or location and material resources are appropriate for effective program delivery  ***Assessment prior to implementation***  Strongly Disagree  Disagree  Agree  Strongly Agree  Please explain. | ***Assessments of actual implementation experiences at 6-months:***  Strongly Disagree  Disagree  Agree  Strongly Agree | ***Assessments of actual implementation experiences at year-end:***  Strongly Disagree  Disagree  Agree  Strongly Agree |
| All necessary community partners are fully committed to supporting this program.  ***Assessments prior to implementation***  Strongly Disagree  Disagree  Agree  Strongly Agree  Please explain. | ***Assessments of actual implementation experiences at 6-months:***  Strongly Disagree  Disagree  Agree  Strongly Agree | ***Assessments of actual implementation experiences at year-end:***  Strongly Disagree  Disagree  Agree  Strongly Agree |
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*Source:* Adapted from - 9D Form (J. Hoepfner, Clinton Eaton Ingham – Community Mental Health Authority – Coordinating Agency)